	r general report	and committee in	formation, n	nust be signed and su	bmitted alor	Amendment  Yes No ng with other detailed forms.
Do not use this t		nformation.				
1. Committee I	ntormation		<u> </u>			r
a. Full Name			Part I	GEIVED	.,,	c. ID Number
Lynn A. K	eziah Monro	e City Cou	ncil :	I V L.J.		ЗЈМ687
b. Mailing Address			JAN	√ 2 5 2016		d. Date Filed
			Holon a			1/25/16
2807 Vida	lia Ct.		omon Go. 8	oard of Elections		
Monroe, N	.C. 28110			- Crociolis		e. Phone Number
						704-221-2360
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period I	end Date (mm/dd/yy)	5. Treasure	er Full Name
2015	9/22/2015		12/31,			an Murphy
6. Type of Com					type of repo	rt from one category)
Candidate Can	· · =		nicipal	State/County		Referendum
PAC	<u></u>	erendum	0	I— ·	ional	Organizational
I= -	xpenditure 🔲 Joir	it Fundraiser	Thirty-five da	· I— ·		Pre-referendum
Legal Expense	Fund	片	Pre-primary Pre-election	First Seco		Final Supplemental Final
7. Type of Fund	l (if applicable,	check one)	Pre-runoff	Third		Annual
Booster Fund	1 (g uppnedoie,	circex olicy	Semi-annual	Four	="	Special
Building Fund			Mid Yea	r Semi-ann	ual	
		X	Year End	1 🔲 Mid	Year	10. Special Report Name
Other:			Final	☐ Year	End	
8. Number of F	undraisers this	Report 🔲	Special	Final		
				Special		
11. Account In	ormation			11. Account Inform	nation	
a, Financial Institu	tion Full Name			a. Financial Institution	Full Name	
5/3 Bank						
b. Purpose		c. Account Code		b. Purpose		c. Account Code
		CHACCOUNT COUR		012019000		
Candiate		01				
Campaign		d. Period Begin Ba	alance			d. Period Begin Balance
		\$ 552.29				\$
CERTIFICAT	ION	+ 552.29				
		nd is in somplians	الممم المطانيين	iachla provisions of Ar	tiala 22 A 22	B & 22D-22M of Chapter 163
						ands. I further certify that this
				the NC State Board of		ands. Training coming that this
<b>,</b>	,		000	1 1	0	
James A.	Murphy		MILLA	m W will	My_	1/25/16
	rinted Name of Sign	ner	Sig	nature of Appointed Treas	surer 💋	Date
FOR OFFICE	USE ONLY		Y	de antiminante en	<u> </u>	
Date Receiv	radi V	25/16	Employ	Qaum	De	livery Method
Date Receiv	<u></u>		Tambro	you	- <u></u>	Normal Mail
Date Postma	arked: N	/A	Employ	vee:		Registered Mail
			p.ro,		- ✓	Hand Delivered
Date Scanne	ed:		Employ	yee:	_ ` ⊔	Electronically Filed
Date Data E	ntered:		Employ	yee:	_ 🗆	Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary	d to total man	natour information	Amendment  Yes No
Use this form to summarize all disclosure reporting forms an 1. Committee Full Name (and Fund if applicable)			3. ID Number
Lynn A. Keziah Monroe City Council	Year End	-	3JM687
Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 552.29	\$ O
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 2261.18	\$ 3761.18
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 5000	\$
11) Other Receipt Sources		TIECH	5/1//CB
11a) Interest on Bank Accounts	(CRO-1250)	\$ ///	
11b) Contributions from Not-For-Profit Organization	(CRO-1250)	\$ ,,	<del>) 40f6</del>
11c) Outside Sources of Income	(CRO-1250)	\$ Union Co. Board	of dist.
11d) Legal Expense Fund - Other Sources	(CRO-1270)		\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	S
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c		•	\$3761.18
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2357 <u>.1</u> 7	\$3304.88
13b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)		\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	<u> </u>	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,		433.00	\$ 435.00 \$3739.88
19) Cash on Hand at End (Add lines 4 and 12 together, then st	and the second second		
ADDITIONAL INFORMATION		1 * 21.30	\$ 21.30
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	-	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)		\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	s
	ard of Elections		August 2008

		om Individual			$\frac{1}{2}$ of $\frac{3}{2}$	<u> </u>	Amendment  Yes No
27442 44 44 44 44 44		ndividual contribution	and the state of the	ontributions unde	r \$50 if form CR		
		e (and Fund if appli				2, 11	Number
Lynn	A. Keziah	Monroe City Co	ouncil			3,	JM687
9/60/04/6/00/1/05/02/1/0	ributor Informa	and a second control of the forest of the first of the fi	X		iove		
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Co	nments
(includ	le city, state, & zip)			Real Esta	te		
	Tice			c. Employer's Nan			
	Rolling Hi					İ	
Monr	oe NC 28110			Self Emplo	oxeeg	e. Ele	ction Sum to Date
						\$ .	35 00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		75 , 00 k. Amount
	g. Account Code		i. In-Kina Descrip	illoii			
	1.	Check			10/14/2018	<u>``</u>	\$ 75.00
							\$
							\$
3. Cont	tributor Informa	ition	Į.	Add 🔲 Ren	nove		
a. Full N	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d, Co	mments
(includ	le city, state, & zip)		IVED	School Sys	stem		
<i></i>	W. 7.7	JAN 2	5 2016	c. Employer's Nan		┨	
	ge Miller Griffin Rd	· Perg	0 m010	Ret. Scho	_	1	
	oe NC 28112	Union Co. Board	1 of Elections	Rec. Deno	ol System	e. Ele	ection Sum to Date
			7,000			\$ 8	35,00
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y <b>y</b> ) ]	k. Amount
	1	In Kind	Enyelopes		9/28/15		\$ 85.00
					, ,		\$
							\$
3. Cont	tributor Informa	ation	Į.	Add 🔲 Rer	nove		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	sion	d. Co	omments
(includ	le city, state, & zip)			Contractor	:	1	
01	775			c. Employer's Nan	ne/Specific Field	1	
	Wiggins Fletcher:B	warm a Ti Ti A				1	
	rietonerss De NC 28110	roome: Ka.		Wiggins Co	struction	e. Ele	ection Sum to Date
HOHEC	or ne solio					\$ 3	350.00
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
	1	In Kind	Copies		9/25/2015		\$ 350,00
							\$
П	T				1		
							\$

\$

Cont	ributions fr	om Individual	ls	Pg	_2 of _3	- 1.	Amendment  Yes No
Use this	s form to report in	ndividual contribution	ns over \$50 or co	ontributions unde			205 is not used
1. Com	mittee Full Nam	e (and Fund if appl	icable)			2. II	) Number
Ly	nn A Keziah	Monroe City	Council			3Ј.	м687
3. Cont	ributor Informa	ition	<b>≵</b> X		nove		
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Co	mments
(includ	le city, state, & zip)			Self Empl	oyeed		
	e Lowder			c. Employer's Nan	ne/Specific Field		
	' Pamela Dri oe NC 28112			Family Ca	r Wash	e. Ele	ection Sum to Date
PIOIIL	Oe NC 20112	r					
					I. —		00.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	<b>/y</b> )	k. Amount
	1	Check			9/29/2015		\$ 200.00
							\$
							\$
3. Cont	tributor Informa	ntion	X	Add 🔲 Rei	nove		
	ame, Mailing Addre	ess & Phone	EVE	b. Job Title/Profes	ssion	d. Co	omments
(includ	le city, state, & zip)	· · · · · · · · · · · · · · · · · · ·	O P. P. P. L.	Retird			
	y Helms		2 5 20fG	c. Employer's Nat	ne/Specific Field	1	
	Oak Hill Door NC 28112	<b>rive.</b> Union Co. R	pard of Elections	Sales		<u> </u>	
MOHE	Oe NC 20112		and of EIRCHOUS	bales		e. Ele	ection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
	1	Check			10/14/2015		\$100.00
							\$
							\$
3. Cont	tributor Informa	ation	X	Add   Rei	nove		
	ame, Mailing Addro	ess & Phone		b. Job Title/Profe	ssion	d. Co	omments
(includ	de city, state, & zip)			Self Empl	oyedd		
8	in Hall			c. Employer's Na	ne/Specific Field		
	Heron Poin oe NC 28110			David David			
MOUL	OE NC 28110			Real Esta Bulinding			ection Sum to Date
						Ь	00.00
f. Prior	g, Account Code	h. Form of Payment	i, In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
	1	<u>Check</u>			10/14/2015		\$ 100.00
							\$
							\$
4. Tot	tal only this P	age				\$	400.00
5. Tot	tal of ALL CI	RO-1210 Pages	gpo 7140i			\$	
(This l	une must be on line (	6 of Detailed Summary P	age CKO-1100)	Harris Control Control Control		1	and the second s

Hee this	s form to report i	ndividual contribution	ns over \$50 or c	Pg Ontributions und		3 <u> </u>	
كالمنافذ المستقل المست	A PARK TANDANG PANGHANANAN PANGHAN PAN	ne (and Fund if app	**************************************	Ontributions und	cr 450 ir form Cr		D Number
Lynn	n A. Keziah	Monroe City	Council				3Jм687
	ributor Inform			Add 🔲 Rei	nove		
	ame, Mailing Addr			b. Job Title/Profes	ssion	d. C	omments
(includ	le city, state, & zip)			Self Empl	.oyeed		
	A. Keziah			c. Employer's Nar	ne/Specific Field	ĺ	
	<sup>/</sup> Vidalia C <sup>.</sup> :oe NC	t.		Real Esta	·		
HOIL	ive no			Kear Esta	ice	e, El	ection Sum to Date
						\$ :	1451.18
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y)	k. Amount
	1	Check			9/29/2015		<sup>\$</sup> 1054.60
	1	Check			9/28/2015		\$ 296.58
							\$
20500000000000000000000000000000000000	ributor Inform			and the state of t	nove		
	ame, Mailing Addro le city, state, & zip)			b. Job Title/Profes	ssion	d. Co	omments
(Miciuu	ie city, state, & zip)			_			
				c. Employer's Nar	ne/Specific Field		
						e. El	ection Sum to Date
		JAN 25				\$	
f. Prior	g. Account Code	h. Form of Payment of	i In Kind Descrip	otion	j. Date (mm/dd/yyy	<b>y</b> )	k. Amount
							\$
							\$
							\$
allibraalishallighte	ributor Inform				nove	(S) 139	
a. Full Na	ame, Mailing Addr	oca & Dhoma					
finelud	, ,			b. Job Title/Profes	ssion	d. C	omments
(includ	le city, state, & zip)			b. Job Title/Profe	ssion	d, C	omments
(includ	, ,			b. Job Title/Profe c. Employer's Nar		d. C	omments
(includ	, ,						omments ection Sum to Date
(includ	, ,						
	, ,		i, In-Kind Descrip	c. Employer's Nar		e. El	
	le city, state, & zip)		i, In-Kind Descrip	c. Employer's Nar	ne/Specific Field	e. El	ection Sum to Date
	le city, state, & zip)		i. In-Kind Descrip	c. Employer's Nar	ne/Specific Field	e. El	ection Sum to Date k. Amount
	le city, state, & zip)		i. In-Kind Descrip	c. Employer's Nar	ne/Specific Field	e. El	ection Sum to Date  k. Amount  \$
f. Prior	le city, state, & zip)	h. Form of Payment	i, In-Kind Descrip	c. Employer's Nar	ne/Specific Field	e. El	k. Amount \$
f. Prior	g. Account Code al only this P al of ALL CI	h. Form of Payment		c. Employer's Nar	ne/Specific Field	e. El \$	k. Amount \$

Amendment

<b>Disbursem</b> Use this form to		from the committ	ee for ope	erating exp	Pg <u>1</u> of penses, contributi	Amendment  3 Yes No ons to candidate/political
committees and	coordinated party ex	penditures	Account of the second s			
	ull Name (and Fund					2. ID Number
Lynn A Ke	ziah Monroe Ci	ty Council				3JM687
3. Type of Disb  Operating Expe	the garagean and proposition all the same and a second	use separate CR tributions to Candida	······································			ursemenf.) rdinated Party Expenditures
4. Payee Inforn					Remove	
Chill III II Con II belloof or Differ hoof I disalbodor Di	ailing Address & Pho	one	b	. Coordinate	ed Committee Name	d. Comments
Fifth Thir	30900	20	e. I	Level Regis	stered (Specify)  County:	
Cincinnati	і ОН 45263-090	00	<u>  [</u>	State	X Municipa	lity: e. Election Sum to Date
						\$ 26.99
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (m		j. Amount	k. Required Remarks
1	Draft	K	·	•	\$ 14.00	Bank Fees
1	Draft	K		/2015	\$ 14.00	Bank Fees
4. Payee Inform					Remove	11.6
a. Full Name, Mail include city, stat	ing Address & Phone c. & zip)	Security Security Sections \$ 1	\	. Coordinate	ed Committee Name	d. Comments
Fifth Thin	rd Bank 639900	JAN 25	2016	Federal	stered (Specify)  County:	
Cinichnati	i OH 45236-090 \	Jnion Co. Board o	of Elections	State	X Municipa	s 54.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	n/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	К			\$ 14.00	Bank Fees
1	Draft	K	12/31	/2015	\$ 14.00	Bank Fees
4. Payee Inforn	nation			kdd 🔲	Remove	
a. Full Name, Maili (include city, stat	ing Address & Phone ie, & zip)		b	. Coordinate	ed Committee Name	d. Comments
Sign Maste 314-B Depo Monroe, N	ot St.			Level Regis Federal State	stered (Specify)  County:  Municipa	lity: e. Election Sum to Date
,				State	Municipa	\$ 920.72
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (m	n/dd/vyyy)	j. Amount	k. Required Remarks
1	Check	K	9/23/		\$ 185.75	Campaign Signs
			-,,	· - — <del>-</del>	\$	
5. Total only th	is Page	<u> </u>	1			\$241.75
	CRO-1310 Pages					241./3
	line 13a of Detailed Sun	ımary Page CRO-11	00 if Opera	ing Expense	? <b>s</b> )	<b>1</b>

(This time goes in time	e 13a oj Detauea Summary Fage C	.kO-1100 ij Operaung Expenses)		l <b>\$</b>
(This line goes in line	e 13b of Detailed Summary Page C	CRO-1100 if Contrib to Candidates/Po	litical Comm)	*
(This line goes in line	e 13c of Detailed Summary Page C	CRO-1100 if Coordinated Party Expen	ditures)	
7. Purpose Cod	es (List detailed expenditur	e code in (h.) above)		
A* - Media	B* - Printing	C* - Fundraising	D - To Anot	her Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holdin	g Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donati	ion to Legal Expense Fund
O* Other				
* Codes require d	etailed explanation in requ	ired remarks field (k)		
CRO-1310		NC State Board of Elections		December 2009

T				
1)1	sh:	nrs	em	ents

				Amendment	
Pg	2	of	_3	☐ Yes	☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fur		оничник очик-и				2. ID Number
Lynn A. K	Kiziah Monroe	City Counci	1.				3JM687
3. Type of Disl	bursement (Pleas	e use separate CI	20-1310	) forms for e	ach typ	e of Disb	pursement.)
X Operating Exp	maria transportation and transportation and transportation and transportation and transportation and transport	ntributions to Candida					ordinated Party Expenditures
4, Payee Infor	mation			Add	Remov		
a. Full Name, M	Mailing Address & Pl	none	C. C. Color I de de deservationes de	b. Coordinate	ed Comm	ittee Name	e d. Comments
include city, state	e, & zip)		www.col Species				
The Enqui	rer Journal	RECEIV					
500 W. Je		E yazani	40	c. Level Regi	stered (Sp	• •	
Monroe NC		JAN 25 20	10	State	片	County: Municipa	ality: e. Election Sum to Date
			4	<u> </u>	لنجا	Withhicipa	
		ion Co. Board of E	tections				\$ 0
. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	j. Amou	ıt	k. Required Remarks
1	Check	A	9/2	3/2015	\$ 450	.00	Newspaper Ads
1	Check	A	9/2	5/2015	\$ 75	.00	Newspaper Ads.
4. Payee Inform		1		Add 🔲	Remov		,, ,
	lling Address & Phone			b. Coordinate			e d. Comments
(include city, sta	= .						·
Office Ma				c. Level Regi	stered (Sp		
	Roosevelt Blvd	l <b>.</b>		Federal	片	County:	
Monroe NC	28110			☐ State	KX	Municipa	ality: e. Election Sum to Date
							\$ O
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	i. Amou	at	k. Required Remarks
1	Check	K		4/2015	\$ 68.	28	Address Stamp
	1	1	-,-	-,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	Check	K	9/2	8/2015	<sup>\$</sup> 49.	08	Address Stamp Additio
4. Payee Infori	mation			Add	Remov	e	
ı. Full Name, Mai (Include city, sta	iling Address & Phone ate, & zip)			b. Coordinate	ed Comm	ittee Nam	e d. Comments
Austin Pr	cinting						
1823 Morg	gan Mill Rd.			c. Level Regi	stered (Sp		
Monroe NO	28110			Federal	닏	County:	ality: e. Election Sum to Date
				State	<u> </u>	Municipa	•
							\$ o
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amoui	nt	k. Required Remarks
1.	Check	В		/2015	\$ 418		Cards
•			<b></b>		<u></u>		
			and provide the section of the secti	40 660 an decision (************************************	\$		
5. Total only tl	his Page						\$ 1060.82
6. Total of AL	L CRO-1310 Pages						
(This line goes in	n line 13a of Detailed Su	mmary Page CRO-11	00 if Ope	rating Expense	es)	,	\$
_	n line 13b of Detailed Su		-				)   *
All and the second file and file and the challenge of the second continue and	n line 13c of Detailed Su	A STAN AND STANDARD S	and the major administration of the	Userning of the control of the contr	Expendit	ures)	
	Codes (List detaile						
A* - Media	B* - Print			undraising			Another Candidate
E - Salaries	F* - Equip			litical Party			olding Public Office Expenses
Postage	J - Penalt	ies	K* - C	Office Expen	ises	Q* - D	onation to Legal Expense Fund
O* Other * Codes mani	re detailed explana	u de la companya de		. 6514715			
SOUTH CONTRACTOR OF THE CONTRA	re-reconnected DIADA	content recently CCC 1	синиск:	NOT RESULTED BED 2000	ar-omitti Malika (19		

					Amenoment
Disbursements	Pg	_3	of	_3_	☐ Yes

□ No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

Committee Full Name (and Fund is applicable)   2. ID Number   Lynn A. Keziah Monroe (Picase use separate CRO-1310 forms for each type of Disbursement.)   2
Contributions to Candidates/Political Committees   Coordinated Party Expenditures
Contributions to Candidates/Political Committees   Coordinated Party Expenditures
Payee Information
Full Name, Mailing Address & Phone
U. S. Postal Office 101 S. Charlotte Aye.  Monroe NC 28112    Pederal   County:   State   Municipality: e. Election Sum to Date
U. S. Postal Office  101 S. Charlotte Aye.  Monroe NC 28112    Federal
Federal   County:   Election Sum to Date   S   Account Code   G. Form of Payment   In Purpose Code   I. Date (mm/dd/yyyy)   I. Amount   In Required Remarks   S   In State   I
Pederal   County:   Required Remarks   State   Respect   State   Required Remarks   State   Respect   State   State   Required Remarks   State   Sta
State   Ek Municipality:   R. Election Sum to Date   S   O
Account Code g. Form of Payment h. Purpose Code i. Date (nmn/dd/yyyy) j. Amount k. Required Remarks  1 Check I 9/29/2015 \$1054.60 Bulk Mail  Payce Information
1 Check I 9/29/2015 \$1054.60 Bulk Mail    Payce Information
Payce Information
Payce Information
Payee Information
Description
(Include city, state, & zip)    C. Level Registered (Specify)     Federal   County:   Municipality:   e. Election Sum to Date   State   State   Municipality:   e. Election Sum to Date   State   State
C. Level Registered (Specify)    Federal
Federal   County:   State   Municipality:   Election Sum to Date
Federal   County:   State   Municipality:   Election Sum to Date
State   Municipality: e. Election Sum to Date
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks    Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy) j. Amount   k. Required Remarks
Account Code g. Form of Payment h. Purpose Code l. Date (mm/dd/yyyy) j. Amount k. Required Remarks    Add   Remove
Account Code g. Form of Payment h. Purpose Code l. Date (mm/dd/yyyy) j. Amount k. Required Remarks    Add   Remove
\$   Sample Information   Add   Remove
Same
Add Remove  Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date  \$  Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  \$  5. Total only this Page 5. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  \$  \$  2357.17
b. Coordinated Committee Name    d. Comments   d. Comments   d. Comments
(include city, state, & zip)    C. Level Registered (Specify)
C. Level Registered (Specify)  Federal County: State Municipality: e. Election Sum to Date  State State State State  Municipality: e. Election Sum to Date  STOTAL Only this Page  Total only this Page  Total of ALL CRO-1310 Pages  (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
Federal County: State Municipality: e. Election Sum to Date  \$  Account Code g. Form of Payment h. Purpose Code i. Date (nm/dd/yyyy) j. Amount k. Required Remarks  \$  5. Total only this Page \$  1054.60  2357.17  \$  (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
Federal County: State Municipality: e. Election Sum to Date  \$  Account Code g. Form of Payment h. Purpose Code i. Date (nm/dd/yyyy) j. Amount k. Required Remarks  \$  5. Total only this Page \$  1054.60  2357.17  \$  (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
State Municipality: e. Election Sum to Date  \$ Account Code g. Form of Payment h. Purpose Code i. Date (nm/dd/yyyy) j. Amount k. Required Remarks  \$ 5. Total only this Page  \$ 1054.60  2357.17  \$ (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
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A LING LING RUES IN HIGE 150 OF DERRICH GUMMAN & LAKE CACO-1100 II COMMO IO CAMBRANESTI DIRICH COMMI) 1
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
7. Purpose Codes (List detailed expenditure code in (h.) above)
A* - Media B* - Printing C* - Fundraising D - To Another Candidate
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses

In-Kind Contributions Use this form to report non-monetary contributions, donations, good		vided to the commit	<u> </u>	Amendment Yes r fund.	□ No	
Use CRO-1215 if In-Kind Contributions were or will be reful. Committee Full Name (and Fund if applicable)	nded within 7 da	lys.	2. I	D Number		
Lynn A. Keziah Monroe City Council			35	3JM687		
3. Contributor Information	Add   Re	move				
a. Full Name, Mailing Address & Phone	b. Type of Contr		e. Co	omments		
(include city, state, & zip)	1 Individual					
a	Candidate					
George Miller 2202 Griffin Rd.	Party					
Monroe NC 28112	PAC Referendum	Referendum		d. Election Sum to Date		
TIONE OF TO ESTEE	Other Receip	ot Source				
			<u>L`</u>	85.00		
e. Description	Promot Enter	f. Date (mm/dd/yy	yy)	y) g. Fair Market Amount		
Envelopes for Mailing RECEIV	9/28/201		\$ 85.00			
JAN 25 2016		\$				
Union Go. Board of Ele	ctions			\$		
	Add 🔲 Re	move				
a. Full Name, Mailing Address & Phone	b. Type of Contributor		c. Comments			
(include city, state, & zip)	Individual					
	Candidate Party					
Carl Wiggins	PAC					
1118 Fletcher Broome Rd.	Referendum		d. El	l. Election Sum to Date		
Monroe, NC 28110 Other Rec		ot Source		\$350.00		
e. Description	-	f. Date (mm/dd/yy	yy)	g. Fair Marke	t Amount	
Making Copies of Material to Mail		9/25/2015		\$ 350.00		
				\$		
				\$		
3. Contributor Information	Add   Re	move				
a. Full Name, Mailing Address & Phone	b. Type of Contri	ibutor	e. Co	c. Comments		
(include city, state, & zip)	Individual Candidate					
	Party					
PAC Referendum						
			d. El	d. Election Sum to Date		
	Other Receip	t Source	\$			
e. Description		f. Date (mm/dd/yyyy)		g. Fair Market Amount		
				\$		
				\$		
III (Sellina				\$		
4. Total only this Page			\$_4	35.00		
5. Total of ALL CRO-1510 Pages			1 .	35.00		